

MS1 Comprehensive Primary Care Plus:



**Improving Access
to Nutrition
Services &
Outcomes
Through Team
Based Care**

3/13/2019

Disclosures

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***No financial or nonfinancial
relationships to disclose.***

Learning Objectives

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- Identify payment opportunities for RDN-provided services
- Integrate strategies to simultaneously improve access to nutrition care and improve patient outcomes
- Refer patients appropriately to RDNs for nutrition services
- Use Academy resources to pitch the value proposition/return on investment for using an RDN

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<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

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Alternative Payment Models

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$$\begin{array}{c} \text{V} \\ \text{(VALUE)} \end{array} = \frac{\begin{array}{c} \text{Q} + \text{S} \\ \text{(QUALITY) (SERVICE)} \end{array}}{\begin{array}{c} \$ \\ \text{(COST)} \end{array}}$$

CPC+ Functions:

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- Access and Continuity
- Care Management
- Comprehensiveness and Coordination
- Patient and Caregiver Engagement
- Planned Care and Population Health



MS2

27 Practices

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Bismarck
Dickinson
Fargo
Grand Forks
Jamestown
Mandan
Mayville
Minot
Wahpeton
West Fargo
Williston



Practice Participation List:

<https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus>

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MS2
MCA
MSS

Medicare Population

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27% have diabetes

18% have CKD

27% have obesity

2/3 have ≥ 2 chronic conditions

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Medicare Payments to Practices

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CPC+ Track	Care Management Fee (CMF)	Performance Based Incentive Payment (PBIP)	Medicare Physician Fee Schedule
Track 1	\$6.00 - \$30.00 Per Beneficiary Per Month (PBPM)	\$1.25 PBPM on quality/ patient experience of care \$1.25 PBPM on utilization performance	Providers still bill Medicare at 100% of the PFS; Includes MNT
Track 2	\$9.00 - \$33.00 PBPM \$100 PBPM payments for patients with complex needs	\$2.00 PBPM on quality/ patient experience of care \$2.00 PBPM on utilization performance	Hybrid: ↓ FFS with prospective Comprehensive Primary Care Payment (40% or 65% CPCP)

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Value Proposition of the RDN

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Essential Factors to Address

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Health Outcomes
& Population Health



Demonstrate
Viability

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Impact of Improved Glycemic Control **eat right.** Academy of Nutrition and Dietetics

- ↓ onset or progression of microvascular complications
- 1% ↓ mean A1C levels associated with risk reductions
- Meet clinical quality benchmarks
- ↓ avoidable spending/ cost of care
= shared savings
- Improve access to primary care providers



Diabetes Prevention Programs

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- Medicare beneficiaries with BMI ≥ 25 (≥ 23 in Asians) and \uparrow glucose have a benefit for diabetes prevention program
- MDPP services must be delivered by an approved Medicare Supplier
- Payments from private payers for diabetes prevention programs

Start a program & leverage CPC+ payments until CDC Preliminary or Full Recognition and Medicare Supplier Status achieved or Refer to other MDPP Suppliers

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Statistically Significant Weight Loss in Adults

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- Clinically meaningful weight loss in adults (overweight and obesity)
- \downarrow risk for diabetes, disorders of lipid metabolism & hypertension
- High-frequency comprehensive weight interventions result in weight loss
- Individual or group
- See Academy's Evidence Analysis Library (EAL) for pediatrics



Hypertension & Pre-hypertension

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- Strong evidence supports MNT provided by an RDN reduces blood pressure in adults with hypertension
- Individual or group MNT effective for HTN or pre-hypertension
- 3 sessions of MNT (1- 3 months)
 - ↓ in systolic blood pressure up to 10mmHg
 - ↓ diastolic blood pressure up to 6.0mmHg



RDN Services Must be Financially Viable

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CPT® Codes for MNT

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CPT® codes	Abbreviated Description	Key Information
97802	Initial assessment and intervention Individual face-to-face and via telehealth	Time-based code (15 minutes/unit)
97803	Reassessment and intervention individual face-to-face, and via telehealth	Time-based code (15 minute/unit)
97804	MNT delivered in a group setting 2 or more individuals	Time-based code (30 minutes/unit)

RDN Revenue from Medicare for MNT

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Standard Determination of Coverage
2019 CMS fee schedule rate/unit for ND



3 hours of individual MNT (1st year):

97802 x 4 units @ \$29.13 = \$116.52

97803 x 8 units @ \$24.84 = \$198.72

= \$315.24

2 hours of individual (subsequent years)

97803 x 8 units @ \$24.84 = \$198.72

\$513.96 / Medicare patient for 1st two years

When Medicare Beneficiaries Need More Care:

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Required: 2nd referral from treating physician

Criteria: Medically necessary

G0270	15 minutes	Reassessment and subsequent intervention(s) following 2nd referral in same year individual, face-to-face
G0271	30 minutes	Same as above, but for groups of 2 or more individuals

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RDN Can Provide in Primary Care

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**“Incident to” services when
the RDN is in a CPC+
practice:**

- ✓ Intensive Behavioral Therapy (IBT) for Obesity
- ✓ Annual Wellness Visit (AWV)

Medicare: Intensive Behavioral Therapy (IBT) for Obesity Benefit:

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- Medicare beneficiaries with BMI ≥ 30 kg/m²
22 sessions / 12 months
Individual or group
15-30 minute interventions



- Primary care and obstetrics/gynecology outpatient setting
- RDNs are considered "auxiliary personnel" qualified to provide the IBT
- Primary Care Provider (including NP, PA-C) must be billing provider

Revenue if RDN provides IBT for Obesity "incident to"

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2019 CMS Physician Fee Schedule
ND rate/unit and 22 Sessions/12 mos.

Individual Sessions G0447		Group Sessions G0473	
\$25.81/unit	\$1135.64	\$11.73/unit/pt	\$258.06/pt
Up to 2 units/ Date of Service (30 minutes)	Per patient/year	Up to 1 unit/ Date of Service (30 minutes)	12 months

Allocate Care Management Fees

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MNT for other conditions determined to be important to improving outcomes and/or preventing avoidable health care costs (e.g.):

- Heart failure
- Gastrointestinal Disease/Conditions
- Malnutrition
- Cardiovascular disease



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Payments for Services Provided by RDNs: Direct and Indirect

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- Fee-for-Service payments to RDNs
 - Medicare
 - Private payers
 - Medicaid



Fee-for-Service Payments "Incident To" Physicians

- Allocate portion of CPC+ Value-Based Payment
 - CPC+ Care Management Fees
 - Performance Based Incentive Payments

CPC+ is Multi-Payer Model

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Private Payers

- Understand arrangement with payer for CPC+
Separate payment for MNT?
CPT 97802, 97803 & 97804
- Understand key performance/quality/utilization goals and any role for RDN

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Business Relationship with Practice

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- **Employed in a participating health system**
- **Employed in a practice(s)**
- **Independent Contractor**
- **Consultant**
- **Referrals to RDNs**
Private practice or within a group or system



New to CPC+ in 2018

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Strategies for Success

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- Build internal support
- Use payment information & population data to “crunch the numbers”
- Develop a population-based strategy
 - Where you can make the biggest impact?
- Focus on outcomes that are meaningful to the practice
 - Leverage practice capabilities
 - Academy of Nutrition & Dietetics Health Informatics Infrastructure (ANDHII) ^{MS6}



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Other Tips for Success

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- Consider Plan Do Study Act (PDSA) Cycles to improve processes
- Test/pilot delivery of services
 - opportunity to evaluate RDN impact on care & outcomes
 - improve patient access & interaction with team
 - Start small
- Position conversations about resources and allocation of RDN time about effectiveness, patient access, and strengthening team based care

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Become a Medicare Provider

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<https://www.eatrightpro.org/payment/medicare/basics-for-rdns>

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Key Points

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- CPC+ = Opportunity
- Revenue for MNT and other services provided by RDNs
- Financial incentives of APMs align with work of RDN
- RDNs play an important role in helping decision-makers understand how to hire an RDN without placing the practice at financial risk
- Consider other business arrangements if not employed
- Utilize Academy resources

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The Right Tools for Success

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How to find a RDN in Your Area

Find an Expert

Find a Registered Dietitian Nutritionist

The Academy of Nutrition and Dietetics' Find a Registered Dietitian Nutritionist online referral service allows you to search a national database of Academy members for the exclusive purpose of finding a qualified registered dietitian nutritionist or food and nutrition practitioner who is right for you (no solicitations, please).

Active categories Academy members can enroll in the Find an RDN program by signing in and visiting the My Account tab, located in the My Academy Toolbar.

Search near you

Enter your ZIP Code

☐

www.eatright.org/find-an-expert

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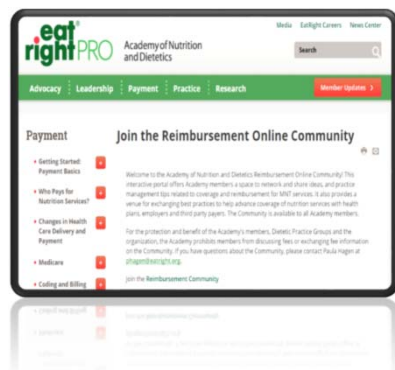
Payment

Are you an RDN who performs medical nutrition therapy? Are you responsible for billing in a facility where RDNs use medical nutrition therapy? The Academy seeks to empower dietetics professionals — including billing personnel — to expand coverage and receive competitive reimbursement for quality nutrition services.

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Join Academy Online Communities

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Free to Academy members, the communities are a place to:

- Share ideas & practice tips
- Exchange best practices to advance coverage of nutrition services



1. Click on "Join the Reimbursement Community"
2. Request to join : reimburse@eatright.org **RDNs in Healthcare Transformation online community**

RDN's Complete Guide to Credentialing and Billing:

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The Private Payer Market



A comprehensive guide addressing:

- billing basics
- private insurance credentialing
- claim mission
- procedure and diagnosis codes

...and much more.

Available at: www.eatrightstore.org

MNT Provider Newsletter

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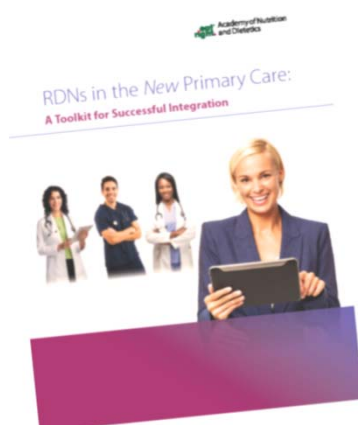
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RDNs in the New Primary Care: A toolkit for Successful Integration

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2018 Scope of Practice!

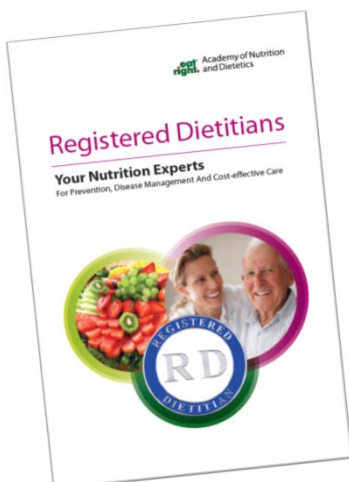
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3/13/2019

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Promote Your VALUE to:

- ✓ Payers
- ✓ Healthcare professionals
- ✓ Healthcare decision-makers

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Integrate Nutrition Care & RDNs Using Alternative Payment Models



The Patient Centered Nutrition Services Payment Model

<https://www.eatrightpro.org/payment/changes-delivery-payment/apms-and-value-based-care>

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Questions about:



- Nutrition services delivery and payment?
- Coding?
- How to become a Medicare provider?



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